

DCA No. _____ Client Last Name _____ Attorney Last Name _____

(H) Detail of Expenses:

- (1) Photocopy: _____ pages at _____ \$/page:..... (1) _____
- (2) Brief Binding, etc.:..... (2) _____
- (3) Postage/Delivery:..... (3) _____
- (4) Telephone:..... (4) _____
- (5) Travel Expenses:..... (5) _____
 _____ miles at _____ per mile
- * (6) Computer Research: (6) _____
- * (7) Paralegal/Clerks: _____ hrs @ \$ _____ (7) _____
- (8) Translator/Interpreter: _____ hrs @ \$ _____ (8) _____
- * (9) Miscellaneous (including certifications, fees, experts, etc.): (9) _____
- (10) TOTAL EXPENSES CLAIMED: (10) _____**

(I) Claim Summary

Hours _____	x Rate _____	Total.....	\$ _____
Total Expenses:			\$ _____
Total Hours + Total Expenses:.....			\$ _____
Less Previous Payments:.....			\$ _____
NET CLAIM:			\$ _____

(J) Additional Explanations (including any required for asterisked items under G and H):
PLEASE NOTE: A limited amount of space is provided for five items; attach additional sheets if necessary.

Item # Explanation